

Maryland Quarterly Certificate of Compliance of Escrow Funding for 2016 Sales

Nonnarticinating Manufacturer's identification

Calendar Year 2016

Please note: This form must be filed by nonparticipating manufacturers required to make quarterly escrow payments and certifications pursuant to COMAR 02.07.01.

For instructions and definitions of terms used herein, please refer to Maryland Annotated Code, Business Regulation Article §§16-401 *et seq.* & §§16-501 *et seq.* (available at http://www.oag.state.md.us/tobacco/statedirectory.htm).

1.	Name:			
	Address:			
	Phone:		Fax:	
2.	Quarter being reported			
		Jan. 1, 2016 – March 31, 2016		April 1, 2016 – June 30, 2016
		July 1, 2016 - Sept. 30, 2016		Oct. 1, 2016 – Dec. 31, 2016
3.	Units sold for quarter			
this q	uarter,	whether sold directly or through a	a distrib	our-own" tobacco sold in Maryland in outor, retailer or other intermediary,

4. **Escrow rate and payment** The escrow rate, adjusted for the minimum inflation rate, is \$0.0327588. Number of cigarettes sold (from #3) ______ to be multiplied by inflation-adjusted escrow rate of \$0.0327588. Total amount to be deposited in escrow: \$_____ 5. **Financial Institution** Name of Institution: Address of Institution: Phone Number: Account Number: Date Account Opened: Total Amount Held for State of Maryland: \$_____ 6. **Documentation** If this is your initial deposit, attach a copy of your executed escrow agreement, and copies of amendments, if any, to your escrow agreement. For all deposits, attach copies of your receipt or other proof of deposit from your financial institution. 7. Certification I certify that the above information is true and correct.

8. Mail this certificate of compliance to:

Signature of Authorized Agent:
Name of Authorized Agent:
Title of Authorized Agent:

Aravind Muthukrishnan, Tobacco Enforcement Unit Office of the Attorney General of Maryland 200 St. Paul Place, 20th Floor Baltimore, Maryland 21202

_____ Date: ____